

Temple University Boys' Gymnastics Team Medical History and Release Form

Name: _____ Age: _____ Date Of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

In case of emergency, notify _____ Phone Number: (____) _____

Second emergency contact: _____ Phone Number: (____) _____

Family Physician: _____ Phone Number: (____) _____

Family Insurance Company _____ Policy Number: _____

PAST MEDICAL HISTORY: (Check Any Box Which Applies)

Asthma Sinusitis Bronchitis Kidney Trouble Diabetes
 Heart Trouble Dizziness Stomach Upset Hay Fever Other

LIST OTHER: _____

ALLERGIES:

Food: _____

Penicillin or other Drugs (Name): _____

Insect Bites/Stings: _____

Previous Operations or Serious Illness: _____

Any Current medications (List): _____

PERSON/S AUTHORIZED TO PICK UP CHILD (OTHER THAN PARENTS);

Name: _____ Phone Number (____) _____

Name: _____ Phone Number (____) _____

PERMISSION FOR TREATMENT:

I/We, the undersigned Parents(s)/Guardians(s), hereby authorize our son to attend all Temple University Boys' Gymnastics Team activities. While no injuries are expected, I understand that with this type of activity, an injury may occur. In consideration of my child(ren) being allowed to participate in this activity, I/We hereby release, hold harmless and forever discharge the Commonwealth of Pennsylvania, Trustees of Temple University, Temple University and each and every member officer, agent, and employee of each of them from all claims, causes of actions or demands of every kind against any of them which I may have in the future or that any person claiming through me may have in the future by reason of any accident, sickness or injury to myself or any member of my family or guest during the course of any activity or while traveling to or from the site of the activity or Temple University.

In an event of an emergency, we understand that every effort will be made to contact us. If we cannot be reached, we give permission to the physician selected by the staff of the Temple University Boys' Gymnastics Team to provide proper and timely treatment for my/our child.

Parent/Guardian _____ Date: _____

Parent/Guardian _____ Date: _____

RETURN TO: Temple University Boys' Gymnastics Team
McGonigle Hall 106 P.O. Box 2840 Philadelphia, PA 19122